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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO. CONFIRMATION NO.	
10/770,273	02/02/2004	Michael L. Olson	13914.849.1 9600	
22913 WORKMAN N	7590 06/15/200 IYDEGGER	EXAMINER		
(F/K/A WORKMAN NYDEGGER & SEELEY) 60 EAST SOUTH TEMPLE 1000 EAGLE GATE TOWER			AMERSON, LORI BAKER	
			ART UNIT	PAPER NUMBER
SALT LAKE C	CITY, UT 84111	3764		
	·			
		•	MAIL DATE	DELIVERY MODE
			06/15/2007	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

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## Interview Summary

Application No.	Applicant(s)	
10/770,273	OLSON, MICHAEL L.	
Examiner	Art Unit	
Lori Amerson	3764	

interview Summary			
	Examiner	Art Unit	
	Lori Amerson	3764	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Lori Amerson</u> .	(3)		
(2) Matt Todd, applicant's representative.	(4)		
Date of Interview: 30 May 2007.		•	
Type: a)⊠ Telephonic b)☐ Video Conference c)☐ Personal [copy given to: 1)☐ applicant 2	²)∏ applicant's representative	e] · ·	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>42-45</u> .			
Identification of prior art discussed: <u>none</u> .			
Agreement with respect to the claims f) was reached. g	)⊠ was not reached. h)□ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Applicant apologized for a indicated that the latest filed amendment "C"was in error. A supplemental amdt cancelling claims 42-45.</u> (A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached. THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A	confusion of status identifiers Applicant will withdraw Amdt " ments which the examiner agopy of the amendments that was.) CTION MUST INCLUDE THE	for claims 42-45 C" and file a corr  reed would render ould render the	and ected er the claims claims OF THE
INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW ON reverse side or on attached sheet.	OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	/ DAYS FROM T WHICHEVER IS	HIS
		I AMERSON RY EXAMINER	N'S
Examiner Note: You must sign this form unless it is an			

Attachment to a signed Office action.

Examiner's signature, if required